

soldier, stated that on the day previous to his admission into hospital he had been employed on fatigue duties, and had to lift some heavy weights which required a considerable amount of muscular exertion. While on duty he experienced no sense of uneasiness, nor was he conscious of having sustained any injury. When relieved from duty, feeling tired, he went to sleep, and slept for about six hours, and on awaking felt a good deal of pain and numbness in the left thigh and leg, and for the first time noticed the pulsating tumor in the groin. The pain was so severe that it quite prevented further sleep, and during the greater part of the night he remained walking about through restlessness. He applied for medical assistance in the morning, and as his regiment was on the eve of departure for India he was sent for treatment to the General Hospital. On admission, he was seen by Staff-Surgeon Todd and Assistant Staff-Surgeon Kirwan (to the latter officer I am indebted for the greater part of the notes of the foregoing description). A bandage was put on the entire limb below the tumour and a truss with a pad of lint over the course of the external iliac artery, while to the tumor itself ice was kept constantly applied. Opiate draughts were also administered, and after some time he became more easy and slept pretty well during the night.

"On the next day (August 1st), Carte's large compressor was applied over the external iliac artery by Staff-Surgeon Todd. The pressure was so applied as almost to stop, but not completely, all pulsation in the tumour, a bandage was put on the limb as before, and opiates freely administered. From this date until the 15th of August pressure was kept up almost unremittingly, the patient bearing the pain and inconvenience caused by the instrument with the greatest possible endurance, but two small ulcers having been produced in the integuments in consequence of the pressure, it was now (15th August) obliged to be discontinued. In the meantime the only change produced in the tumour was, that it had become somewhat harder and more circumscribed, but the pulsation continued almost as violently as when he was first admitted. During the time the pressure was applied the man was frequently seen by Dr. O'Flaherty, Deputy Inspector-General and P.M. Officer of the Division, also by Surgeons Tufnell, Heffernan, and most of the medical officers of the garrison; and on the 16th August, in consultation with these gentlemen, it was decided that as the aneurism was not increasing in size, time should be given for the ulcers in the integuments to heal, when pressure should be again tried, and, if unsuccessful, ligature of the external iliac should be had recourse to. Meanwhile ice was kept constantly applied to the tumour.

"On the 7th of September the ulcers in the integuments having partly healed, and the irritation of the surrounding skin having to a great extent subsided, the tumour, however, remaining in almost the same condition as before, pressure was made with the finger over the course of the external iliac by relays of orderlies, each orderly controlling the artery for about five minutes at a time. In this way, under my superintendence, pressure was kept up for about five hours daily, and on the 15th of the month I had the satisfaction of finding that the tumour was gradually undergoing solidification, having become much harder, more circumscribed, and its impulse considerably less. On the morning of the 23d September (pressure with the finger having in the meantime been continued as before) no pulsation could be detected in the tumour; it returned, however, about noon, but was very slight. On the 4th of October, pressure being discontinued for the day, all pulsation was found to have ceased in the tumour itself, as also in the femoral, popliteal, and tibial arteries. For the last day or two, in addition to pressure over the iliac vessel, pressure was also made (with the finger) at the distal side of the tumour, and, as I am inclined to think, with much advantage."—*Dublin Med. Press*, Jan. 6, 1864.

33. *New Method of securing the Pedicle in Ovariectomy*.—J. B. BROWN, Esq., read a communication on this subject to the Obstetrical Society of London, Feb. 1, 1865.

He observed that hitherto there had been three distinct methods of securing the pedicle: First, by ligature, allowing the ends to hang out, as practised by Dr. Clay, of Manchester (the pioneer of ovariectomy in this country, who

had steadily led us on to our present successful results), and by Lane (the first surgeon in London who performed this operation) consecutively; secondly, by clamp, as first suggested by Hutchinson, and followed by many others; thirdly, by cutting off the ligature short and closing the wound, as first successfully practised by Rogers, of New York, in 1829, by Dr. Bellinger in America, in 1835, by Dr. Siebold, of Darmstadt, in 1846, and recently by Dr. Tyler Smith. The first three gentlemen's cases were all successful, and the last named gentleman has also had great success. Mr. Brown said that his objections to the first method had been the length of time required for the ligature to come away, which varied from nine days in his own practice to a month in that of others; to the second, the frequent severe pain caused by the dragging of the pedicle, or the pressure of the clamp itself; to the third, the unsuccessful results in his hands following its use. Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments in burning adhesions off the omentum and elsewhere, he had been gradually led to the conclusion that the actual cautery might be employed in treating the pedicle itself. Consequently, on Dec. 28th, 1864, he tried it upon a patient of Dr. Burchell, of the Kingsland road, a lady forty-seven years of age, who had had three children, the youngest twenty-one years since. The disease was first discovered by Dr. Burchell in August last, and so rapidly increased as to lead Dr. Barnes and Dr. Tanner to recommend extirpation some short time before he (Mr. Brown) saw her. As the abdomen then was very large, the skin shiny, and the general health rapidly suffering, he performed the operation by Clay's large incision. There were many adhesions laterally and posteriorly, the bleeding from which was checked by the actual cautery; and finally the pedicle, being secured by a clamp, whilst a very large multilocular mass of cysts was removed, was thoroughly seared by actual cautery and allowed to drop. The wound was then closed in the usual way, and it healed in a week, the patient being convalescent in a fortnight. Mr. Brown thought that if this plan was found by repetition to be successful, it would very materially lessen the dangers of the operation, and consequently insure a greater number of recoveries.

Dr. Routh stated that Mr. Brown's previous and successful experiments in the removal of the omentum by a red-hot iron would prove the best reply to Dr. Tyler Smith, as to the probable conduct of the peritoneum where a pedicle was removed in the same manner.

Mr. Brown, in reply to several speakers, said that the objection urged by Dr. Tyler Smith, of the slough being injurious to the peritoneum, had been answered by the questions put by Dr. Routh and replied to by Dr. Greenhalgh; that he (Mr. Brown) had, for four years past, repeatedly used the actual cautery in burning adhesions and arresting hemorrhage, and in no one of the cases so treated had he had a death; and he thought that the objection ought not to deter others. He did not allude to the *écraseur*, because he thought there was not sufficient time in ovariectomy to use it safely; and he did not think it probable that it would ever come into use on that account. In answer to an objection that white heat might be detrimental, Mr. Brown said he did not go quite so far as to use white heat, but he stopped just short of it. To the objection of Dr. Parsons, that there was fear of hemorrhage in case of sickness after the use of the cautery, Mr. Brown replied that whilst it was well known that many patients had died from hemorrhage where the ligature was used, he did not think, judging from his past experience and the results of veterinary surgeons in spaying the sow, that there was any probability of hemorrhage where the cautery was steadily and thoroughly applied.—*Lancet*, March 4, 1865.

34. *Spontaneous Dislocation of the Two Upper Cervical Vertebrae, with Complete Paralysis of the Limbs and Trunk, cured by Reducing the Dislocation.* By M. MAISONNEUVE.—Marie-Louise Paquette, aged 16, suffering from white swelling of the atlanto-axoidian articulation, of several months' standing, was admitted into the Hôtel Dieu, March 24, 1864. There was swelling of the sub-occipital region, the head was inclined forwards, and there was slight numbness of the upper limbs. On the very day of her admission, in consequence of a